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09177

DATE: June 24, 2004

CLIENT-MATTER No.: 23488-01000

TO:

NAME	FAX NO.	PHONE NO.
USPTO	703.872.9306	

FROM: Albert C. Smith PHONE: (650) 335-7296

SENT BY: Dana Chevalier PHONE: (650) 943-5363

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0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office		
TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	09/751,472
		Filing Date	December 29, 2000
		First Named Inventor	Dinesh Mody
		Group Art Unit Number	3739
		Examiner Name	David M. Shay
Total Number of Pages in This Submission	3	Attorney Docket Number	23488-09177 (formerly FMT1 P028)

ENCLOSURES (check all that apply)	
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<input type="checkbox"/> Request for Corrected Filing Receipt	<input checked="" type="checkbox"/> Statement Under 37 CFR 3.73(b)
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<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input checked="" type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:	<i>A.C. Smith</i>	
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated: 6/24/04

CERTIFICATE OF FACSIMILE TRANSMISSION		
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.		
Signature:	<i>A.C. Smith</i>	
Typed or Printed Name:	Albert C. Smith	Dated: 6/24/04
Facsimile Number:	1-703-872-9306	

23488/09177/DOCS/1445907.1

**REVOCATION AND SUBSTITUTE
POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/751,472
Filing Date	December 29, 2000
First Named Inventor	Dinesh Mody
Group Art Unit	3739
Examiner Name	David M. Shay
Attorney Docket Number	23488-09177 (formerly FMT1 P028)

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and I hereby appoint:



Practitioner(s) named below:

Name	Registration Number
Albert C. Smith	20,355
Antonia Sequeira	54,670

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address to, and associate the above-identified application with:



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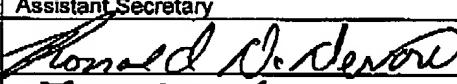
<input type="checkbox"/> Firm or Individual Name			
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I am the:

Applicant/inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Ron Devore
Title	Assistant Secretary
Signature	
Date	June 17, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of one form is submitted.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Parent Owner: AFX, Inc.Application No./Patent No.: 09/751,472Filed/Issue Date: December 29, 2000Entitled: Tissue Ablation Apparatus With A Sliding Ablation Instrument and MethodAFX, Inc.

(Name of Assignee)

A California corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of less than the entire right, title and interest.

The extent (by percentage) of its ownership interest is _____ %
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A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011574, Frame 0550, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

June 17, 2004

Date
408-843-1878

Telephone number

Ron Devore

Typed or printed name
Ronald J. Devore

Signature

Assistant Secretary

Title